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**LOS ANGELES COUNTY  
HIV PREVENTION PLANNING COMMITTEE (PPC)  
A Select Committee of the Commission on HIV Health Services  
600 South Commonwealth Avenue, 6<sup>th</sup> Floor- Los Angeles CA 90005-4001**

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**MEETING SUMMARY**  
Thursday June 6, 2002  
1:00 p.m.-5:00 p.m.  
St. Anne's Foundation Conference Room  
155 North Occidental Boulevard-Los Angeles, CA

**MEMBERS PRESENT**

Mario Perez	Jeff Bailey
Vanessa Talamantes	Sergio Avina
Chi-Wai Au	Tony Bustamante
Diane Brown	Gordon Bunch
Mark Etzel	Danielle Glenn-Rivera
Veronica Morales	Edric Mendia
Vicky Ortega	Keisha Paxton
Ricki Rosales	Emma Robinson
Gail Sanabria	Kellii Trombacco
Richard Zaldivar	David Zucker

**ABSENT**

Ricky Bluthenthal  
Sandra Cargill

**STAFF PRESENT**

Elizabeth Escobedo	Dean Goishi	Rene Seidel
Gabriel Rodriguez	Darren Roberts	Delia Sandoval

**I. ROLL CALL** - Roll call was conducted. A quorum was present.

**II. COLLOQUIA PRESENTATION**

Various agencies presented on, HIV Prevention for Persons Living with HIV: The Los Angeles PHIP Demonstration Projects. There will be no PPC meeting in July. August presentation will focus on Youth by Mark Etzel. HIV Positive Youth-Risk Taking Behaviors among HIV positive youth who are accessing highly active antiretroviral therapy.

The funded agencies are AIDS Care Foundation, AIDS Project Los Angeles, The Gay and Lesbian Center, LA SHANTI, and Tarzana Treatment Center. Los Angeles was funded in three different categories. Category A, to identify those persons of unknown HIV status. Category B: to target persons living with HIV less than two years. Category C: targeting persons living with HIV greater than two years.

**AIDS Care Foundation** - Category A - Presentation by **Karen Mall**.

**AIDS Project Los Angeles** – Presentation by **Jelka Jonker** and **Buddy Akin**.

**Los Angeles Gay and Lesbian Center** - Presentation by **Greg Cardona** It is a collaboration of 11 agencies. The Los Angeles Gay and Lesbian Center is the lead agency. The agencies are the **Antelope Valley Hope Foundation, Asian PacificTeam, Being Alive Los Angeles, Being Alive Long Beach, Bienestar, Common Ground, Los Angeles Gay and Lesbian Center, Minority AIDS Project, Sunrise Community Counseling Center, Tarzana Treatment Center, and Women Alive.**

**LASHANTI** Category B - Presentation by **Ricki Rosales** it is called Love Positive.

**Tarzana Treatment Center** - Presentation by **Tony Zimbardi**.

### **III. APPROVAL OF AGENDA**

The Committee approved the agenda with one change. Jeff Bailey noted that Balm In Gilead canceled their presentation.

### **IV. APPROVAL OF MEETING SUMMARY**

The Committee approved the meeting summary for May 2, 2002, with a correction on page 3 at the bottom of the page, remove "BRGs" should be "interventions."

### **V. PUBLIC COMMENT**

**Michael Buitron** who works at Harbor-UCLA Medical Center brought in brochures about a new research study on back to work issues for HIV positive individuals. The Brochure is titled "Thinking About Returning to Work?" It is a study for people who are HIV positive and on disability. The random study looks at some of the issues that they discovered during their demonstration project that was conducted over the past five years. The study will provide group and individual counseling to help with motivation around the decision to go back to work, personal skills and coaching with resume writing and job finding. They will be working in conjunction with the Department of Rehabilitation. The project will start in the South Bay area. They will also be doing interventions in Long Beach and in the Los Angeles area. If you have any questions call the number on the brochure (310) 222-8187.

### **VI. NOMINATION OF NEW PPC MEMBERS**

**Jeff Bailey** reported that the Operations sub-committee worked very diligently in reviewing the PPC membership applications. He reiterated that we have never rejected anyone. They may not have been approved because they did not fit either the demographic profile that was needed to fulfill our parity, inclusion, representation on the PPC; or perhaps they didn't fit a seat such as seats we have available for the City of Los Angeles, City of West Hollywood, ADPA, and TB Control. Robert Douglas and James Miller resigned. We have a slate of seven candidates that the Operations sub-committee forwarded to the Executive sub-committee based on some of the gaps on the PPC. PPC membership applications are accepted on a consistent basis. Anyone interested about how applicants get selected is welcome to attend the Operations sub-committee. The blue folder HIV PPC packet has a calendar, which lists the sub-committee meeting dates.

**Kellii Trombacco** reported that they looked at the gaps. One area was white MSM. The PPC needed a member to represent the faith-based community, youth, heterosexual youth, persons living with HIV, MSM in general, and API applicants.

Individuals nominated are: **DonaldBuddy Akin, Richard Brown, Cesar Cadabes, Minister Edward Clarke, Kelly Gilmore, Shawn Griffin, Efrain Reyes, Rodolfo Zamudio.**

Motion # 3: It was moved, seconded and approved to recommend the slate of candidates to the PPC.

A tentative Orientation date for new members has been set for June 25, 2002, but it is likely that it will be changed to sometime in July 2002.

### **VII. PRESENTATION ON FAITH BASED HIV PREVENTION INITIATIVES**

**Balm In Gilead** a national faith based prevention provider canceled their presentation.

**Mario Perez** provided some context for the faith-based presentation. Recently two local faith based providers, The Wall Las Memorias and Bienestar provided an overview of their faith based efforts. The West Angeles Church in Christ implemented a similar program. Bauman Curry & Co. will share some of the current State faith-based work. Los Angeles County is a part of that mix of services. It is hoped to glean from today's presentation recommendations in terms of how the PPC in Los Angeles County moves forward with our local HIV prevention activities. In the context of setting priorities around interventions it is important for us to have some sense of how we want faith-based initiatives to fit into the overall scheme of prevention work in Los Angeles County.

**Bauman Curry & Co.**

**Janet M. Curry Ellis** provided a faith-based presentation. She currently has a contract with the Department of Health Services OAPP. A copy of the overview was provided. They have designed a book with more information. The guidebook titled “Healing Begins Here: A Pastor’s Guidebook for HIV/AIDS Ministry Through the Church” is available through the State-clearing house. A “Healing Begins Here: Quiz Card” was also provided.

**Janet M. Curry** gave a detailed description of their work, successes, challenges and recommendations for future work. Copies of her presentation slides are available for review.

## **VIII. BREAK**

### **West Angeles Presentation**

They are: Look Up and Live.” They were funded to get guidebooks in the hands of pastors, to increase the number of HIV/AIDS ministers in SPA 6 and 8. **Dr. Michelle Jackson-McCoy** provided an overview. They shared their lessons learned. They helped with the development of the guidebook and all of the information she talked about is in the book. The book can be obtained through the County or the State-clearing house.

### **Social Marketing Update - Counseling and Testing Week**

Gunther Freehill provided an update on the HIV Counseling & Testing Campaign, “Respecting Ourselves.” The slides of this presentation are available at OAPP’s web location at: [Previene-VIH.com](http://Previene-VIH.com) or [Prevent-HIV.com](http://Prevent-HIV.com). Posters from the HCT Campaign and the Prevention campaign were distributed so that people could take them back to their agencies.

**Mr. Freehill** shared various images from the campaign and provided background information on how the concepts and images were developed. He also shared information on the placement of the images throughout the county and the intended impact of the various media in relation to the location (i.e., billboards in large thoroughfares, on the route of the West Hollywood pride parade). **Mr. Freehill** stated that the campaign was intended to create a synergy with the planned Counseling and Testing Day campaign by color and by design.

There was a whole set of messages developed paired in English and Spanish with the images that included:

- ◆ Accepting the fact that HIV affects our families and recognize that it effects our community.
- ◆ Targeting people who have men in their lives, sons and brothers who are infected by HIV.
- ◆ Encouraging people to respect themselves and their partners and having that become an HIV prevention strategy. Looking at the fact of knowing that you have HIV, because most frequently the source of HIV transmission is an infected man in Los Angeles County.
- ◆ Also, cueing people to think about the HIV infection status of their male partners.

He shared that the next step was to transition to a set of smaller sized billboards and bulletins. **Mr. Freehill** shared that the negative side of doing this was that the images are smaller, the positive side is that there is a lot more of them.

Next, **Mr. Freehill** shared some information on the field-testing and focus group process and changes that were made to the images and messages as a result. Examples of such changes included, simplification of the language on one of the Latino billboards to read “it is better to know” and that more images of male couples were added to the campaign. **Mr. Freehill** shared concerns that were shared regarding the group shot. It was shared that, “there didn’t seem to be a consistent look and feel to what the picture was about.” **Mr. Freehill** shared that the image was changed to a different group shot that is much more informal and mixed both racially and in terms of gender.

**Mr. Freehill** reiterated the concern that was previously shared with the PPC regarding the message, “Taking Care of our Health, Respecting Our Health.” He shared that this was changed to “Respecting our Bodies” because in terms of youth, the idea of respecting health was a more abstract concept than respecting bodies. The idea of watching out for your body buys a much more concrete concept that worked well for groups.

**Mr. Freehill** shared that in addition to billboards, OAPP added a group of posters. He stated that posters tend to be highly focused in terms of where they are placed (i.e., bars and clubs). A smaller number are placed in venues like liquor stores and convenience markets. He stated that the advantage to a poster is that you have the opportunity to do things that are much more targeted. Things that might work well for a very specific clientele but

might not work otherwise. We had the opportunity to take those more edgy images and put them on a poster and not put them on a billboard.

**Mr. Freehill** stated that last time he presented he shared that there was a picture of four men that was not well received by the focus group, because the four guys were perceived as being “too gay”, the two Latinos, two African American. When the focus group members were questioned further, what they were really talking about was that they were gay in the sense of people outside their neighborhoods not the people like their neighborhood. So, we took that opportunity to go ahead and make posters that were much more targeted toward the “gay” population and use them in a very targeted way. This was done in response to feedback received from focus groups that responded negatively towards similar images used as a billboard but preferred the use of posters in areas where they said they actually hang out such as gay clubs, West Hollywood, Silverlake and a few other places. It will not be in a billboard but it is a poster and looks pretty much like that. Some of the graphics are slightly different now in the final version. In addition to the logo and the image is a piece of information about HIV and getting tested and thinking about consequences and risk and things like that.

**Mr. Freehill** concluded his presentation on HIV Testing Days and proceeded to mention that OAPP is already starting to look at World AIDS Day and the kind of social marketing. So, we are thinking about a very different kind of campaign that will be much more fact based. Something along the lines of “World AIDS Day (get the facts’ and then do a print campaign that has a large add with one fact per add. The graphics will be available on the website shortly.

#### **Mr. Freehill took questions from the PPC and audience.**

A question was asked about how the effectiveness of the campaign would be monitored? **Mr. Freehill** responded by saying that the first step is going to be taking a look at the effectiveness of the campaign with respect to the quantifiable stuff that happens on counseling and testing week. This is really about taking a look at the participation at events and the calls to the hotline. There is a mechanism set up to the hotline statewide for tracking where the calls come from. We have a reasonably good way of associating that with media. We also have the website on the campaign now. We have ways of tracking the website. It doesn’t give us very good information about the location of people getting the web address but it does give us an idea of the overall magnitude.

There was a question about the last “gay” poster, and why this was not made into billboards? It was stated that, “it is mind boggling that we are dealing with a target population in prevention matters and when it comes to social marketing billboards, we shy away from the reality. The reality is affecting that target population and how do we deal with that if we don’t openly publicize it. Here is an opportunity to take advantage in social marketing and I don’t understand the reasons for not featuring the BRG group in large mass on billboards. If you have it in a billboard would it not trigger the same kind of conversation but it would also have some kind of acceptance in a greater proportion, would it not?”

**Gunter Freehill** responded by saying, “I don’t think we know that.” **Mr. Freehill** responded that the number of billboards was governed by the amount of money spent on producing billboards. As stated earlier, there were also some decisions made resulting from the focus groups that suggested that we be more targeted with “gay” men and do so by using smaller media such as posters.

**Mr. Freehill** continued by saying that the thinking about the, “I know my status and his and his...” is that there is a kind of conversation we are trying to encourage among the target group that when the message becomes very public, may be seen as intruding into a public space in a way that may have a negative effect and stifle the kind of conversation we are trying to get people to have with one another in more intimate settings. So, we thought that a more targeted narrow approach for the population for which it was really intended is probably the better way to go all the way around. The sense is that we have a different kind conversation that occurs as a consequence to a billboard than would happen with a poster. If you put a poster in a place where similar people see it creates a kind of conversation that would probably not happen as a result of a billboard.

There was discussion between PPC members and Mr. Freehill about the best approach to social marketing, specifically when it come to reaching the gay population and at the same time creating a wider acceptance of the gay population in the community. **Mr. Freehill** fully acknowledged that there are differing positions about how this can best be done. He stated that part of the conversation we need to have is about what works for marketing

because what does work for some populations or for some people, does not necessarily work for others. **Mr. Freehill** stated that no one, including himself, has all the answers.

A question was asked regarding how much the campaign cost? **Mr. Freehill** responded by saying that the total media buy is about \$400,000.

**Mr. Richard Zaldivar** voiced his continued frustration and stated that we are constantly talking in prevention matters about target populations and behavioral risk groups (BRGs). He said that here is a great opportunity to take advantage in social marketing and I don't understand the reasons for not featuring the BRGs in large mass on billboards.

**Mr. Freehill** asked everyone to take a look at the web-site in the next week or so and take a look at all the images. He said that they may be surprised by how many of the images are actually pictures of "gay" men. He said that there are multiple ways of targeting a single population and in fact the critique he heard last time he was at the PPC was that there were too many gay men and not enough of one kind or another kind of person, and that sort of the balancing out that we have to accommodate. He stated that the other way to do targeting is by placing the media in ways that are likely to be seen by one population or another and the distribution of media tends towards those parts of Los Angeles County that have the highest distribution of AIDS cases, which are also the populations where significant numbers of gay men tend to live. So, the images that are not necessarily specific or strictly the difference between an image that is targeted only to gay people and an image that is targeted to people that includes gay people and those images, are found fairly consistently throughout the campaign and are distributed geographically in ways to maximize their impact.

**Mr. Edric Mendia** asked if anyone in other jurisdictions put out that kind of billboard that is in question. He shared by stating that when he was in Seattle not too long ago there was a lot of talk about [www.gaycity.org](http://www.gaycity.org) and all the great marketing they do. What stuck out to him while there was the lack of billboards. He thought they had a very effective campaign that was primarily posters and asked if this was correct. **Mr. Freehill** answered by saying he didn't know but the real question to ask is what impact does a billboard have that other kinds of media don't? What are the balances between the kinds of conversation it encourages and the kinds that prohibit or make it more difficult to have those conversations?

## **IX. SUB-COMMITTEE REPORTS**

### **Operations**

#### **HIV Prevention Planning Committee Membership Application**

**Jeff Bailey** noted that on previous applications we have neglected to have a category for people that are 24 and younger also for Service Planning Area. The more significant change has been in the text at the beginning of the application to explain what the application is about, why some people may not be selected, and to inform the community that we do take applications on an ongoing and consistent basis.

PPC members reviewed the Policies and Procedures and made several revisions. Darren Roberts went over the revisions. The following changes were made.

#### **1. On the last page:**

- a. Add e-mail address.
- b. Under the paragraph about the commitment, also include participation on a sub-committee.
- c. Additions on the first page are, signature and date at the bottom and additions on the top paragraph to explain what the application is, why individuals may not be selected, and to inform the community that we take applications on an ongoing basis.

#### **2. Page two:**

- a. Take out "Service Planning Area" and replace that with the home and work Zip code.
- b. BRG underline the word most, remove "check all that apply" and replace the word "represent" with "identify." Separate Injection Drug Users to IDU female IDU male and add MSM IDU.
- c. Under Race/Ethnicity, change to Native American Indians/Alaskan Natives
- d. On part III added, "Can you commit a minimum of six hours per month for a period of two years for PPC-related activities, including participation on a subcommittee and a two-day Retreat every year?"

#### **3. Page three:**

- a. On number 7, add “deaf or hard of hearing.”

### **Fact Sheet**

**Jeff Bailey** commented that one of the outcomes of the Community Breakouts was a request for a fact sheet about the PPC. On the back of the Fact Sheet is a list with description of many acronyms that are occasionally referred to.

1. Under what does the PPC Do? It should read “joint public policy.”
2. Add, “at times we may have special meetings.”
3. Under “How did the PPC begin?” Mario Perez will help revise this section. The revision will be as follows, “this lead, in 1994 to the formation of the Los Angeles County Prevention Planning Committee.” Omit the reference to the ordinance change, and say, “This lead to the formation of the PPC as a select committee of the Commission of Health Services.”

### **Common Terms & Acronyms**

1. Transgender: Change the word separate to “different from their assigned sex.”

**Jeff Bailey** mentioned that there has been some concern about PPC members who are also Commission members. The fact that this body is a select committee of the Commission and that in itself requires roughly more than six hours a month of time spent. It was brought up at the Executive sub-committee however there was no time for discussion. There will be a recommendation with regards to those persons who are also Commission members about whether or not they need to participate in another sub committee of the PPC. This issue has not been addressed.

### **Evaluation**

A discussion was held about cost effectiveness and about the PPC membership survey. They worked on refining that survey. The PPC membership survey will be discussed in August. They also discussed the response to the Research Inventory of current BRG’s. Many of the gaps were discussed such as many of the CHIPTS programs and UCLA programs were not as representative as we thought perhaps of things that we know that are going on.

### **Joint Public Policy**

**Mark Etzel** reported that in the packet there is a legislative list that will be included on a routine basis. They are hoping that through the Joint Public Policy Committee to keep both bodies apprised of pieces of legislation being discussed. They are primarily discussing issues at the State level but they have been discussing how they may include federal issues as well.

With respect to their work plan, they have identified to provide training and build capacity among committee members initially and then to the planning body members around how to understand the policy process. At last months meeting, Howard Jacobs lead a training session on writing a letter to secure a legislative visit and then discussing how to do a legislative visit.

### **Strategic Planning Process**

**Mark Etzel** reported that there was a review of the progress that was made. The request for the extension of the Strategic Planning Process is still on hold. Contact has been made with John Shunhoff. Letters were sent by both the PPC and CHHS requesting support to continue this effort for a limited time period that would be eighth months and it would focus around some of the consumer empowerment issues that were not addressed in the first contract period. That issue has not been put on the Health Deputies agenda, it is still on hold. On a routine basis contact has been continued with John Shunhoff and he indicated that he would keep us apprised.

### **Standards & Best Practice**

**David Zucker** reported that their BRG intervention research is going well and it is completed. Youth research was reported last month and it was much the same as they have been experiencing with other BRGs, namely that a lot of the intervention research is pretty limited. There is plenty out there about behaviors but not so much about particular interventions that have been evaluated for effectiveness. There was more for youth than there was for any other BRG so far. Disturbing to him was that none of the interventions for youth that were evaluated and reported in the literature that were found were in Los Angeles nor were many very current. There were some in northern California, but local research from what they found was pretty limited.

They are going to be bringing together this research from the various BRGs and reporting to the Executive sub-committee. Their next task is going to be to prioritize these. They have the research and they are going to evaluate and see what is most appropriate for Los Angeles County.

**Mark Etzel** commented that there is a fair amount of data on youth in Los Angeles that were related to interventions. Mr. Etzel commented that, from his experience at CHIPTS, when papers are submitted and accepted to peer review journals that report data—it is difficult to know the intervention used to collect that data.

The article just reports the outcomes of what was assessed in terms of risk or adherence to medication. He indicated that he would help the youth SC at least with the projects that are involved with investigators from their center. They will try to list interventions in the articles that had data that came out. Children's Hospital has been very productive and there is much data on youth in Los Angeles. The challenge is when you run a search you would not find the intervention, you would just find the challenges. He will help in trying to determine how to accomplish this goal but it is not an easy task.

**Jeff Bailey** commented that Deborah Cohen indicated to him that in order for them to do their cost efficacy model, they had to do that research on effective interventions. She referred us to David Kanause at Rand. She stated that he would have a list of all the interventions that have proven to be effective so we may want to contact him.

### **Youth Leadership**

**Sergio Avina** reported that as of the last Youth Leadership meeting, they decided to provide a written copy of their meeting highlights. It lists some of the discussion points and some of the progress and membership attendance. There were ten youth providers who attended at the last meeting.

One objective of the sub-committee is training and orientation. There was training on the policies and procedures and on Robert's Rules of Order. They also did some interactive activities around/regarding Robert's Rules of Order. They have set aside 45 minutes at every meeting for orientation or training on various topics such as the Prevention Plan, CDC guidance on Community Planning, etc. They have 3 working groups that have been meeting on an ongoing basis every month. One working group is working on condensing and making youth friendly the CDC Guidance on prevention planning. Currently, Reach LA is negotiating with OAPP with regards to rewriting those two documents. They have been negotiating on this for the last three months. Sergio Avina asked Mario Perez for an update on that. Letters are going out by the sub-committee to those service providers that are funded by OAPP. A letter will be sent to those agencies that are not sending a youth representative to the Youth Leadership sub-committee. The letter will remind them that they are supposed to be sending someone to the PPC or a sub-committee meeting. Mr. Avina stated that he wonders what those agencies that are not sending representatives to the PPC or sub-committee meetings are writing in the narrative of the section 4 Report.

### **CHHS Update**

**Vickie Ortega** reported that the last meeting was a joint CHHS/PPC. One issue that was discussed was the possibility of combining both the CHHS and the PPC into one body. There was discussion about the group consisting of 25 individuals. The continuum of Care Services Model was also discussed. Edric Mendia mentioned that the other significant change to the CHHS structure is implementing an independent staffing body. The goal of these changes is to bring our process more in line with other existing Commission structures in the County. These changes will not occur without further discussion.

**Mark Etzel** mentioned that it was only a recommendation and there has been no decision made by either the Commission or the PPC. In the context of the Strategic Planning Process and thinking about ways to look at integrating care and treatment, a membership task force made the suggestion that one of those ways might be looking to have a single planning body. The number that was suggested was 25 only to denote that it would be smaller in scope.

In terms of the comment 'Gracious Beginning and Gracious Ending' there is an acknowledgement that there is a lot of issues to figure out in terms of the mechanics. Both the PPC and the Commission would evaluate the pros and cons and discuss them internally. Over the next few months this issue will be discussed in a more structured way. The timeline is not concrete, but rather it is exploring what would it look like and what would it mean for Los Angeles County.

## **X. OAPP REPORT**

**Mario Perez** reported that he wanted to draw attention to a letter included in the packet from Charles L. Henry to Governor Gray Davis. The purpose of that letter was to thank him for his ongoing commitment to the ADAP program, there is an increase of \$22.4 million proposed in the May Revise and no anticipated cut to HIV prevention dollars. He encouraged PPC members and other community partners to use that template for their own letters. He asked that members to remember that last year there was no proposed prevention cut in the May Revise and about 4 million prevention dollars were cut in spite of the augmentation to the ADAP budget.

In terms of some new funding news, OAPP has recently announced the two new contracts for work with the Sheriffs Department within the jail system, the support of counseling and testing, and Risk Reduction counseling services. More information will be forthcoming.

OAPP has received a scope of work from Reach LA and a budget for services consistent with their existing work targeting youth services. Their intent is to use their expertise to create youth friendly materials by developing materials that would be used for youth to engage them more in the community planning process. It is an ambitious proposed scope of work. The funding details need to be worked out. He expects that negotiation to be wrapped up by the end of the month.

There is a June 18, 2002 training sponsored by OAPP. It is a meeting with all of our funded counseling and testing providers that will serve to address a number of issues, largely information sharing. Mr. Perez reminded everyone that OAPP has increased the reimbursement rate for some specific areas of counseling and testing above and beyond what the state reimburses our county with the intent of promoting specific services to specific groups. There will be a brief review of the PCRS activities both training's provided by our STD program partners and other potential training opportunities provided by the state. The HIV 5 supplemental invoice system that has been adopted will be reviewed for our Counseling and Testing providers. The HIV EPI program will share on the unique identifier reporting requirements that go into effect shortly. Other items will also be covered.

### **Letter from Charles L. Henry**

**Mario Perez** stated that on behalf of Charles L. Henry, he was pleased to announce the appointment of Dean Goishi as the other governmental co-chair effective July 1, 2002. Previously the PPC approved the addition of a second governmental co-chair.

## **XI. CO-CHAIRRS REPORT**

### **BRG Meetings**

**Jeff Bailey** thanked those who attended the first BRG meeting including Kathy Watt and Kellii Trombacco. He thought that it was very informative and helpful to our planning process. The next BRG meeting is tomorrow. It is for providers who serve adult women at sexual risk.

### **Syphilis Update**

**Tony Bustamante** reported that currently there are 175 cases that were reported as of May 31, 2002. Eighty-four of those cases were under the MSM category, 26 were female. We are averaging about 35 early latent cases a month and that will exceed 420 at the end of the year. In the year 2001, we only had 388 cases reported. He passed out a copy of the STD report.

At the end of the month the STD program will be reviewed by a CDC assessment team for the syphilis elimination. This entails rapid response team representatives as well as EIS (Epidemiological Investigative Specialist) officers. EIS officers will be part of that team and they will be spending a week with the STD program. Part of the assessment will also include the cooperation between syphilis programs and HIV programs. Several representatives are planning to contact some of our HIV partners.

**Jeff Bailey** commented that last month he talked about the campaign that a number of agencies have worked on. Other folks in the Health Department (not STD) did not approve of the 'Happy Penis' cartoon and will not approve anything with the word penis in it. They are moving forward with the new cartoon character, Healthy Dick, which is a male character and his companion is a syphilis sore. The syphilis sore will be launched at CSW.



### **PPC Meeting for July 4, 2002**

Vanessa Talamantes reported that the July 4, 2002 meeting has been canceled. She encouraged everyone to attend their sub-committee meetings.

### **Community Breakout**

**Vanessa Talamantes** commented that it was decided to take the Community Breakout issue back to the Executive sub-committee and figure out better ways of promoting the Community Breakout. Most likely it will be on the PPC agenda meeting in August.

**Jeff Bailey** informed everyone that the chairs of the sub-committees were provided a timeline for the reapplication process. At this month's meetings the sub-committee will be discussing and working on the narrative for inclusion in the CDC Application. The first draft of the sub-committees narrative is due on Friday June 28, 2002, to Dean Goishi. For most this does not involve a lot of rewriting because a lot of the information that was used in last year's application can be used, but there may be some updates. The Executive sub-committee meeting in July 25, 2002 will be extended until 2:00 p.m., to review the first draft of the application. The public and PPC members were invited to come and provide feedback to the application at that time.

## **XII. STATE OFFICE OF AIDS UPDATE**

**Gail Sanabria** reported that during the last week in October 2002, the State Office of AIDS will be having a local implementation group or an HIV (PPC in this case) co-chairs summit in Sacramento for 2 ½ days. It will start on Monday afternoon and run until Wednesday afternoon. They are anticipating representation from CDC and Academy for Educational Development (AED) to provide presentations. They are expecting to have several full sessions along with lots of workshops. She is hoping that co-chairs will be able to attend.

The draft of the State Plan has been forwarded up the chain of command in the Department of Health Services. Once it has been approved and the changes have been made, it will be forwarded to the CHPG co-chairs for signature and for the letter of concurrence. It will be sent to CDC with their grant application in the fall. The AIDS Clearinghouse will have a new catalog coming out by the end of June. They are currently working on a new PCRS brochure, updating their perinatal project brochures, and they are creating a Spanish language HIV testing brochure.

Unfortunately, yesterday the State office of AIDS received a notification in response to the Governor's directive to reduce the State's employment force. There is a need to eliminate 7% of the employee positions, which equates to six positions in the State Office of AIDS. The management team met yesterday and one of the most difficult decisions is to try not to impact programs. They are currently looking at ways to eliminate some functions that will have the least impact on their programs. She stated that they might not be able to do some of the things that they anticipated doing.

## **XIII. ANNOUNCEMENTS**

**Kelli Trombacco** announced that the Trans Unity event would take place on June 15, 2002 at the Village in Hollywood, from 10:00 a.m. to midnight.

APLA announced positions available. Anyone interested was asked to contact Dr. Matt Mutchler at 213-201-1522.

**Kathy Watt** expressed a concern that currently Television has more information about gays, lesbians, and transgender, and HIV and AIDS than we are able to put up in billboards, posters bulletins, etc.

**Mario Perez**, commented that he thinks that there has been increasing dialogue between the PPC and OAPP with respect to the social marketing efforts. That dialogue needs to continue but it needs to be enhanced so that we can get some more feedback prior to some decisions being made in terms of billboard and image placement and specific venues. OAPP is committed to broadening the awareness of HIV in communities throughout the County. There are some decisions that often don't sit well with some of our community partners, and we need to make sure that there are mechanisms where we can share those perspectives and come to some common ground. The other issue is that there are other programs that complement the social marketing efforts of OAPP. There are other people promoting HIV prevention and prevention messages countywide.

**Mario Perez** announced that counseling and testing week takes place during the last full week of June. OAPP will work with community partners to announce the counseling and testing week event. In an effort to promote and increase the number of people who get tested that week, media and van hits will also be provided with some of those counseling and testing efforts. The best resource is the web. [www.LApublichealth.org/AIDS](http://www.LApublichealth.org/AIDS). There will be a complete list of all the activities taking place during counseling and testing week.

**Jeff Bailey** announced that the City of West Hollywood will be launching their 'HIV Stops With Me' campaign on Saturday, June 8, 2002 at 8:00 a.m. at the corner of Santa Monica and San Vicente Blvd. West Hollywood has four additional spokespersons within this campaign. He also has a position that he has been trying to fill for a manager for a mobile HIV counseling testing unit program. Anyone interested should contact him.

**Vanessa Talamantes** announced that tomorrow is the last day to submit an application to apply for scholarship for the United States Conference on AIDS. For more information, log on [www.nmac.org.usa2002](http://www.nmac.org.usa2002)

**XIV. CLOSING ROLL CALL**

Roll call was conducted.

**XV. ADJOURNMENT**

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